MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 940 02022

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 30 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Berner Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 3 Berner Avenue

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) B. (Last) Armstrong

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 24, 1888

9. AGE last birthday: 60 yrs. If under 1 year: Months 11 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Franklin Co. Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Myer

14. MOTHER'S MAIDEN NAME: Edith Railing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Anna E. Armstrong

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 1 Day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) Cerebral Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31 st, 19 49, to Feb. 1 st, 19 49, that I last saw the deceased alive on Feb. 1, 19 49, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE J. J. Bradley M.D. (Degree or title) ADDRESS Hagerstown Md. DATE SIGNED Feb. 1 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-4-49 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. Feb 3. 1949 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons | ADDRESS: Hagerstown, Md.

RECEIVED
FEB 7 1949
BUREAU V. S.

Dr. Hirshman 02023

420.1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 4 Hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 2103 Virginia Ave

3. NAME OF DECEASED (Type or Print): (First) MRS MAYMIE (Middle) BYERS (Last) BARNES

4. DATE OF DEATH: (Month) Feby (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feby 2 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Williamsport Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. Byers

14. MOTHER'S MAIDEN NAME: Eliza Jane Leiter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Rev John Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	1 yr.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Osteoarthritis - Spine	8 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At Work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2nd, 1948 to Feb. 24th, 1949, that I last saw the deceased alive on Feb 24th, 1949, and that death occurred at 7.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rueg Hoshman MD ADDRESS: 596 W. Washington St DATE SIGNED: 2/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 2/28/49; NAME OF CEMETERY OR CREMATORY: River View Cemetery; LOCATION (City, town, or county) (State): Williamsport Wash. Co Md

DATE REC'D BY LOCAL REG. Feb. 28, 1949; REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1949
BUREAU V. S.

02024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1

CERTIFICATE OF DEATH

93d Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paramount, Rt. #6
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural give location) Route #6

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) Leed	(Last) Bennett	4. DATE OF DEATH	(Month) Feb. (Day) 17 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-11-1869	9. AGE last birthday 79 yrs.	If under 1 year Months 7 Days 7 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Post Master	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Amos D. Bennett		14. MOTHER'S MAIDEN NAME Louise Sheckles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. Frank L. Bennett			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestion Heart Failure — 2-3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Disease. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1949, to 2/17, 1949, that I last saw the deceased alive on 2/17, 1949, and that death occurred at 1035 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Campbell — ADDRESS 145 W. Washington St. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-20-49	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Feb. 19. 1949	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR C. M. Suter & Sons,	ADDRESS Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1949
BUREAU V. S.

02025

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4500
322

CERTIFICATE OF DEATH

Reg. Dist. No. 3021

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 815 Oak Hill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 815 Oak Hill Avenue St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dora	Minnie	Bovey	Feb.	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Feb. 8, 1872	76 yrs.	11	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Milliner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bolivar, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Weber
14. MOTHER'S MAIDEN NAME: Mary G. Dittmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Josephine Weber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Endocarditis — (2)

Antecedent cause(s) (b) Arterio-Sclerosis — 3

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0	0	0		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
0	0		m.	0	0

22. I hereby certify that I attended the deceased from Jan 1, 1946, to Feb 2, 1949, that I last saw the deceased alive on 2/1, 1949, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Victor D Miller — DR. VICTOR D. MILLER
ADDRESS: 131 W. WASHINGTON ST.
DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-5-49	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 3, 1949	Chas H Bowers	C. M. Suter & Sons	Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

02026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

332

CERTIFICATE OF DEATH

831

Reg. Dist. No. 302

1. PLACE OF DEATH· COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET ADDRESS (If rural give location) East Main St.

3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle) R.	(Last) Breakall	4. DATE OF DEATH	(Month) Feb. (Day) 14 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 26, 1877	9. AGE last birthday 71 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller	10b. KIND OF BUSINESS OR INDUSTRY Milling	11. BIRTHPLACE (State or foreign country) Fulton Co., Penna.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Breakall	14. MOTHER'S MAIDEN NAME Mary Jane Remsburg				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Oscar Breakall			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1949, to Feb 14, 1949, that I last saw the deceased alive on Feb 14, 1949, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Lagman M.D. ADDRESS Hagerstown. DATE SIGNED MD

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 16, 1949	NAME OF CEMETERY ~~OR CREMATORY~~ Tonoloway Baptist	LOCATION (City, town, or county) Fulton Co. (State) Penna.
DATE REC'D BY LOCAL REG. Feb. 16. 1949	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Charles R. Bast	ADDRESS Hancock, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

976 02027

CERTIFICATE OF DEATH

164c Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Keedysville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 1 Keedysville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville Rural
STREET ADDRESS (If rural, give location) Keedysville Route # 1

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) Snivley (Last) Brewer

4. DATE OF DEATH (Month) Feb. (Day) 25, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb.27, 1900
9. AGE last birthday 48 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mercersburg, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John S. Brewer
14. MOTHER'S MAIDEN NAME Nellie Kritzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr.s Gertrude V. Brewer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Gunshot wound through skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Known to be heavy liquor drinker

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home-Kitchen (CITY OR TOWN) (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) Feb. (Day) 25 (Year) 49 (Hour) about 1:30 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Shot self with Gunshot wound .32 Cal. Revolver

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at about 1:30 A m., from the causes and on the date stated above.

SIGNATURE S. Robert Wells M.D. (Degree or title) ADDRESS DEPUTY MEDICAL EXAM WASH. CO. MD. Hagerstown, Md. 115 N. Potomac St. DATE SIGNED 2/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 28, 1949
NAME OF CEMETERY OR CREMATORY Broadfording Cemetery
LOCATION (City, town, or county) Broadfording, Md. (State)

DATE REC'D BY LOCAL REG. Feb. 28, 1949
REGISTRAR'S SIGNATURE R. H. Geeting

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

429.0 930

02028

Reg. Dist. No. 3 0-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Williamsport; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Huetts Crosspikes

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Williamsport; STREET ADDRESS (If rural, give location) Near Huetts Crosspikes

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Victor (Last) Bussard

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 13, 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months 5, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Washington Co.; Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George W. Bussard

14. MOTHER'S MAIDEN NAME: Katherine Beamer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Oda K. Bussard ; Halfway, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arterio sclerotic coronary heart disease	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sudden Death, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at about 4 P m., from the causes and on the date stated above.

SIGNATURE: J Robert Wells, M.D.

(Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS: Hagerstown Md.

DATE SIGNED: Feb. 7. 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Feb. 9, 1949

NAME OF CEMETERY OR CREMATORY: Broadfording Cemetery

LOCATION (City, town, or county) (State): Broadfording, Maryland

DATE REC'D BY LOCAL REG.: Feb 6 1949

REGISTRAR'S SIGNATURE: Leroy M. Lockhart Deputy Reg.

24. FUNERAL DIRECTOR: Edith V. Leaf; ADDRESS: Williamsport, Md.

RECEIVED
MAR 8 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1

02029

CERTIFICATE OF DEATH

936

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 350 S. Locust St.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 350 S. Locust St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	Jacob	Clopper	Feb	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widower	11/15/1866	82 yrs.	2	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bartender		Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Clopper	Mary Waltermeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		212-14-7016A	Minerva S South

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardites Chronica,	2 years,
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerosis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1947, 19..., to Feb 9, 19 49, that I last saw the deceased alive on Feb 9, 19 49, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Williamsport Md.	2/10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/12/49	Rose Hill Cemetery	Hagerstown	Md.

DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 11, 1949	Chas H Bowers	C.M. Suter & Sons	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02030

170

CERTIFICATE OF DEATH

50

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) Odia (Middle) Clara (Last) Conaway

4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Sep 24 1885

9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Carroll Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Reuben Calvin Conaway

14. MOTHER'S MAIDEN NAME Emma Frances Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1943

19b. MAJOR FINDINGS OF OPERATION Ca of Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 23, 1948, to Feb 17, 1949, that I last saw the deceased alive on Feb 16, 1949, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE F.M. Arrington, M.D. (Degree or title) ADDRESS Ritchie Hospital Cascade, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2-20-1949

NAME OF CEMETERY OR CREMATORY Taylorsville

LOCATION (City, town, or county) (State) Carroll Co. Maryland

DATE REC'D BY LOCAL REG. 2/19/49

REGISTRAR'S SIGNATURE John R Cochran Dep. Local Registrar

24. FUNERAL DIRECTOR C.M. Waltz, Winfield, Md. ADDRESS

RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02031

541.1

CERTIFICATE OF DEATH 1178

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring Rural
STREET ADDRESS (If rural give location) Clearspring Rt. 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jesse	H	Cooper	Feb	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 7, 1881	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Penn.	

13. FATHER'S NAME: Phillip Cooper

14. MOTHER'S MAIDEN NAME: Sara Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 175-03-3366

17. INFORMANT: Daniel Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PERITONITIS - Generalized	1 WEEK
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Perforation of duodenum due to embolus	1 week
	(c) Auricular fibrillation	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis - chronic — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 2, 1949, to Feb. 11, 1949, that I last saw the deceased alive on Feb. 11, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leslie Robert Cohen	M.D.	Clear Spring Md.	2-12-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 15-49	Fairview Cemetery	Mercersburg	Penn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 13 1949	Chas. H. Bowers	Scott F. Minnich & Son	Hag. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

181
526

02032

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 59 W. North Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 59 W. North Street

3. NAME OF DECEASED (Type or Print) (First) Queen (Middle) (Last) Castley

4. DATE OF DEATH (Month) February (Day) 2 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 10, 1868
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Myersville, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Whiting
14. MOTHER'S MAIDEN NAME Josephine Leakins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Canary Cheairs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH (?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 0
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ 0
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 1/20, 1949, to 2/2 1949, that I last saw the deceased alive on 2/1, 1949, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) DR. VICTOR D. MILLER ADDRESS 131 W. WASHINGTON ST. HAGERSTOWN, MD. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/5/49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Feb 5, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR William H. Downey ADDRESS 291 Frederick Hagerstown

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 938 02033

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington. STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade. LENGTH OF STAY (in this place) 10 months, 2 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN S. E Washington 19, D. C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Richie Hospital, cascade, md.	STREET ADDRESS (If rural, give location) 6501 Dorsey Rd. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John,	Owen	Davis.	February	24	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white.	Widowed.	Sept, 26. 1869.	79. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer.	—	charles county md.	—

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lunnie Davis	grace La clair.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	Hosp. Rec Records. Richie Hosp. Cascade md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) malnutrition and senility	from 2/7/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis, generalized	to 2.24.49. unknown years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial disease.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from 4. 22. 48 19 48, to 2. 27. 19 49, that I last saw the deceased alive on 2. 24. 19 49, and that death occurred at 8 20 P m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) ADDRESS DATE SIGNED

Vincent Troost, M.d. Richie Hospital, Cascade md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2/27/49	St Barnabas	Leeland, Pr George Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/25/49	John T Cochran	Laurence Haviary

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.0 02034

CERTIFICATE OF DEATH 92a Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 330 N. Mulberry St.	STREET ADDRESS (If rural, give location) 330 N. Mulberry St.

3. NAME OF DECEASED (Type or Print)	(First) Nellie	(Middle) M.	(Last) Daywalt	4. DATE OF DEATH	(Month) Feb.	(Day) 3	(Year) 19 49	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 7-29-1879	9. AGE last birthday 69 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silk Reeler	10b. KIND OF BUSINESS OR INDUSTRY Hag. Ribbon Co	11. BIRTHPLACE (State or foreign country) Chambersburg, Pa.	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Frank Stoner		14. MOTHER'S MAIDEN NAME Margaret Dine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 214-09-3769	17. INFORMANT Mrs. George Marker	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease with	
	(c) Angina pectoris + aortic valvular disease	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from —, 1940, to Feb 3, 1949, that I last saw the deceased alive on Feb 3, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature] M.D.	148 W. Washington St Hagerstown Md	2-4-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Feb. 7-49	Cedar Grove Cemetery	Chambersburg, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 5, 1949	Chas. H. Bowers	Fred W. Kraiss- Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washingto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg Rural — LENGTH OF STAY (in this place) Life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Rt. #5	STREET ADDRESS (If rural give location) Hagerstown Rt. #5

3. NAME OF DECEASED (Type or Print): (First) MAGGIE (Middle) MAY (Last) DILLER

4. DATE OF DEATH: (Month) February (Day) 25, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	7/3/1877	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abram Strite	Fannie Huber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mrs. Edna Diller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic endocarditis with congestive failure — one year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		No Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948, to Feb. 1949, that I last saw the deceased alive on Feb. 23 1949, and that death occurred at 2-25-49 8 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	148 W. Wash St. Hagerstown Md	2/26/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/1/49	Miller's Minnonite Cem.	Washington Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 26, 1949	Chas H Bowers	W. T. Norment	Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg
STATE: MARYLAND
LENGTH OF STAY (in this place): 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Flossie (Middle) Elizabeth (Last) Flook

4. DATE OF DEATH: (Month) 2- (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 26, 1899

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sharpsburg, Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Hicks Remsburg

14. MOTHER'S MAIDEN NAME: Alice Ann Nicodemus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Fred Flook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute myocardial failure	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic fibroid tuberculosis	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Feb. 27, 1949, that I last saw the deceased alive on Feb. 27, 1949, and that death occurred at 7:45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter H. Shealy	M.D.	Sharpsburg, Md.	February 28, 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 1, 1949	Mt. View	Sharpsburg, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-1-49	[signature]	R. I. Earnshaw	Keedysville, Md

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

422.1 93d 02037

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 6 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural give location) N. Main St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) - Calvin (Last) Flook

4. DATE OF DEATH (Month) Febry. (Day) 3. (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 17. 1864
9. AGE last birthday 84-11-16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) Nr. Middletown Fred. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Joshua Flook
14. MOTHER'S MAIDEN NAME Elizabeth Dutrow.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 2
17. INFORMANT Mrs. Paul Hines Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis	5 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	8 yrs
	(c) Cerebral haemorrhage	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1943, to Feb. 3, 1949, that I last saw the deceased alive on Feb 3, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE G W Lillian M.D. (Degree or title) ADDRESS Boonsboro DATE SIGNED Feb 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Febry. 6. 1949
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) Boonsboro Md. (State)

DATE REC'D BY LOCAL REG. Feb. 5. 1949
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 8 1949
BUREAU F. S.

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No change # 18

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Washington. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. LENGTH OF STAY (in this place) 6 Weeks.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.

STREET ADDRESS (If rural, give location) Williamsport R.F.D. 2.

3. NAME OF DECEASED (Type or Print) (First) Abner (Middle) Berlin (Last) Flora.

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1949.

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.

8. DATE OF BIRTH 18744

9. AGE last birthday 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Gardeing.

11. BIRTHPLACE (State or foreign country) U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Berlin Flora.

14. MOTHER'S MAIDEN NAME Barbarh Swope.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY No. None.

17. INFORMANT Mrs. Annie Catherine Flora.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Adenocarcinoma Prostate Gland	2 yrs.
Antecedent cause(s)	(b) Uremia c̄ Retention Overflow of Urine	1 Mo.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Transurethral Prostatic Resection	7 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/18/49

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Prostate Gland

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24/49, 19....., to 2/24/49, 19....., that I last saw the deceased alive on 2/24/49, 19....., and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE Ralph F. Young (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED 2/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Feb. 26 1949. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery. LOCATION (City, town, or county) (State) Williamsport Washington Md.

DATE REC'D BY LOCAL REG. Feb 25, 1949 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Edith V Deaf Williameport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 28 1949
BUREAU V. R.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

93d Reg. Dist. No. 301

1. PLACE OF DEATH COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport — LENGTH OF STAY (in this place): 2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 203 S. Artizan St	STREET ADDRESS (If rural, give location): 203 S. Artizan St

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) E.	(Last) Gray	4. DATE OF DEATH	(Month) Feb (Day) 28 (Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: July 6-1886	9. AGE last birthday: 82 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME: John Manious	14. MOTHER'S MAIDEN NAME: Indiana Eichelberger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: John P. Gray			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 hour
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis Chronic	3 weeks
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gall bladder disease	3 weeks

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1949, to Feb 28, 1949, that I last saw the deceased alive on Feb 26, 1949, and that death occurred at 3:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Williamsport Md	3/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 3, 1949	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 1-49	E Lee McElroy	Fred W. Kraiss	Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 3 1949
BUREAU V. S.

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M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town Highfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 63 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Highfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Effie M. Harbaugh

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6.(b) Name of husband or wife Harvey O. Harbaugh

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1867

8. AGE:

Years	Months	Days	If less than one day
81	2	7	..... hrs. ..... min.

9. Birthplace Lantz Frederick Co. Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Jeremiah Fisher
13. Birthplace Washington Co. Md.

MOTHER
14. Maiden name Savilla Buhrman
15. Birthplace Fonville, Md.

16. Informant Harry E. Harbaugh

Address Highfield Md.

17. Burial Date thereof 2/14/49
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Hill

Location Waynesboro, Pa.

18. Funeral director Walter Y. Grove

Address 27 S. Church St. Waynesboro Pa

19. Feb 14th 1949 Geo. W. Ferguson
(Date rec'd by registrar) local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 February 1949 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 September 1948 to 11 Feb. 1949 and that I last saw her alive on 11 February 1949

Immediate cause of death	DURATION
CARCINOMA, Metastatic	3 years
Due to CARCINOMA, BREAST	4 YEARS
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert A. Kiefer M.D.
M. D. or other

Address Blue Ridge Summit, Pa. Date signed 11 Feb. '49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

170

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02041

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 610 Sunnit Ave.

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) (Last) Henry

4. DATE OF DEATH: (Month) Feb. (Day) 5, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr 25, 1886 (Unknown)

9. AGE last birthday: App 63 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home duties

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses Blonder

14. MOTHER'S MAIDEN NAME: Blanche --------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. David Ginsburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Rt. Breast — Interval between onset and death: 6 yrs.

Antecedent cause(s) metastasis to lungs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1942

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 19 43, to Feb 5, 19 49, that I last saw the deceased alive on 2/4, 19 49, and that death occurred at 10:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. L. Porterfield M.D. ADDRESS: 136 W Washington St Hagerstown Md DATE SIGNED: 2/6/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb. 6, 1949
NAME OF CEMETERY OR CREMATORY: Jewish Cemetery
LOCATION (City, town, or county) (State): Williamsport, Pa.

DATE REC'D BY LOCAL REG. Feb. 5. 1949
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss
ADDRESS: Hagerstown, Md.

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FEB 8 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

93d Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 316 East Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 316 East Franklin St.

3. NAME OF DECEASED (Type or Print): (First) Marko (Middle) (Last) Holtz

4. DATE OF DEATH: (Month) Feb. (Day) 11, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 1873

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Market Tender

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isiah Holtz

14. MOTHER'S MAIDEN NAME: Caroline Marko

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Grace Corsi

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 yrs., 19..., to Feb 11, 19 49, that I last saw the deceased alive on Feb 11, 19 49 and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 148 W. Wash. St, Hagerstown, Md. DATE SIGNED: 2-11

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Feb. 15, 1949

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Feb 14 1949

REGISTRAR'S SIGNATURE: Chas. H. Bowers.

24. FUNERAL DIRECTOR: Fred W. Kriss

ADDRESS: Hagerstown, Md.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring, R.D. 1 — LENGTH OF STAY (In this place) LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring, R.D. # 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clearspring, Md. R.D. 1	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) David	(Middle) Edward	(Last) Hose	4. DATE OF DEATH	(Month) Feb.	(Day) 6	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 7, 1873	9. AGE last birthday 75 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington Co., Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Jeremiah Hose	14. MOTHER'S MAIDEN NAME UNKNOWN						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 216-22-7882	17. INFORMANT Mr. Walter D. Hose					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) TUBERCULOSIS, PULMONARY — UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 10, 1948, to FEB. 6, 1949, that I last saw the deceased alive on JAN. 30, 1949, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen M.D. (Degree or title) ADDRESS CLEAR SPRING, MARYLAND DATE SIGNED FEB. 7, 1949

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE Fe. 9, 1949	NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	LOCATION (City, town, or county) (State) Near Clearspring, Maryland
DATE REC'D BY LOCAL REG. Feb 9/49	REGISTRAR'S SIGNATURE Joseph W. Murray	24. FUNERAL DIRECTOR Snyder & Rowland	ADDRESS Clearspring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1949
BUREAU V. S.

10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02044

199.8

55e

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade. Md. LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital. Cascade Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore.
STREET ADDRESS (If rural, give location) 413. Griffin. ct.

3. NAME OF DECEASED (Type or Print) (First) Alma (Middle) Mary (Last) Hubert

4. DATE OF DEATH (Month) February (Day) 19. (Year) 1949

5. SEX Femal.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Sept. 2. 1923

9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory.

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Joseph, Risik.

14. MOTHER'S MAIDEN NAME Wilhelmina Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Hospital Records. Ritchie Hospital Cascade Md.

18. MEDICAL CERTIFICATION.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Malnutrition and Sec. Anemia~~ Generalized Carcinomatosis of abdomen, Primary site not known

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Carcinomatosis of abdomen with Mal-nutrition, & severe metastasis.~~ Anemia (c)

INTERVAL BETWEEN ONSET AND DEATH 5 Mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1947

19b. MAJOR FINDINGS OF OPERATION Papillary cystadeno-carcinoma.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12. 10, 1948, to 2. 19, 1949, that I last saw the deceased alive on 2. 19, 1949, and that death occurred at 2.10 P m., from the causes and on the date stated above.

SIGNATURE Venerio Troost. (Degree or title) M. D. ADDRESS Ritchie Hospital, Cascade Md. DATE SIGNED

Venerio Troost

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/22/49

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Baltimore. Md.

DATE REC'D BY LOCAL REG. 2/20/49

REGISTRAR'S SIGNATURE John R Cochran Dep. Local Registrar

24. FUNERAL DIRECTOR David R. Martin ADDRESS

RECEIVED
FEB 23 1949
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 754.4 02045

CERTIFICATE OF DEATH 152 Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 206 E. Hillcrest Road.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Hull
4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2/14/49
9. AGE last birthday: yrs. | If under 1 year: Months. Days 2 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland, Wash. Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Boyd Hull
14. MOTHER'S MAIDEN NAME: Pearl Virginia NeiKirk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Disease — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14/49 to 2/16/49, 19..... that I last saw the deceased alive on 2/16/49, 19....., and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE Dr. W. Sutter Jr. (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 2/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 2/17/49 | NAME OF CEMETERY OR CREMATORY St Paul | LOCATION (City, town, or county) (State) near Cleaspring, Md.

DATE REC'D BY LOCAL REG. Feb. 17, 1949 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR E. M. Suter & Sons ADDRESS Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU T. S.

02046

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 330

CERTIFICATE OF DEATH 96

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washingto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospita	STREET ADDRESS (If rural, give location) 128 East Franklin St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Willis	Huyett	Feb. 15, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept 11, 1897	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Bakery	Washington Co. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John B. Huyett	Mary E. Dowin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	None	Mrs. Mildred C. Huyett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [illegible]	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral aneurysm	sudden death
	(c) Subarachnoid hemorrhage (massive)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 1, 1937, to Feb. 15, 1949, that I last saw the deceased alive on Feb. 15, 1949, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells	M.D.	115 E. Potomac St. Hagerstown	Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 18, 1949	Rest Haven Cemetery	Hagerstown, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 18 1949	Chas. H. Bowers	Fred W. Kraiss	Hagerstown, Md.

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 200.1 02047

CERTIFICATE OF DEATH 55e Reg. Dist. No. 316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville; STREET ADDRESS (If rural give location) Main

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Mae (Last) Kretzer

4. DATE OF DEATH: (Month) Feb. (Day) 5, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 5, 1892

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Middletown, Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Dean

14. MOTHER'S MAIDEN NAME: Katherine Wilhide

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. David F. Kretzer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Auricular Fibrillation	2 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anemia	7Mos.
	(c) Malignant Lymphoma.	7 Mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extreme Nervousness.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

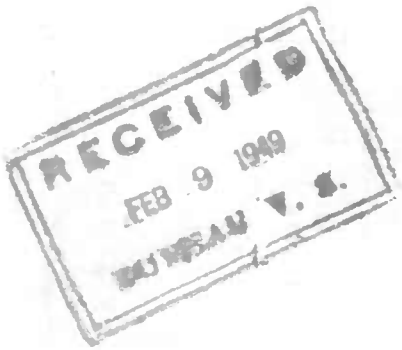
22. I hereby certify that I attended the deceased from June 2, 1948, to Feb. 5 1949, that I last saw the deceased alive on Feb. 4, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Hubert Mackey M. D. ADDRESS Boonsboro, Md. DATE SIGNED Feb. 6, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 2-8-49; NAME OF CEMETERY OR CREMATORY: Mt. View; LOCATION (City, town, or county) (State): Sharpsburg, Md

DATE REC'D BY LOCAL REG.: Feb. 8 1949; REGISTRAR'S SIGNATURE: W. K. Keefer

24. FUNERAL DIRECTOR: R. I. Earnshaw---Keedysville, Md ADDRESS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U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

EVIDENCE FOR REHEARING/CLAIM # 18 6TH IS ON!

2411 N. Charles Street, Baltimore

360 61 02048

FILM No. G 114 MAR 28 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 25 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hostital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 624 N. Mulberry St.

3. NAME OF DECEASED (Type or Print): (First) Winifred (Middle) R. (Last) Lowell

4. DATE OF DEATH: (Month) Feb. (Day) 17, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 29, 1877

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home duties

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Spofford, N. H.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Rice

14. MOTHER'S MAIDEN NAME: Jennie Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Grace Lowell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	5 minutes
Antecedent cause(s)	(c) Diabetes Mellitus	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis -	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetic Gangrene - 2nd 3rd, 4th toes Rt foot	2 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3rd, 19 49 to Feb. 17, 19 49, that I last saw the deceased alive on Feb 17, 19 49, and that death occurred at 2:30 m., from the causes and on the date stated above.

SIGNATURE Phillips McLennan (Degree or title) MD ADDRESS Hagerstown, Md DATE SIGNED 2/19/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 2/19/49; NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery; LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Feb. 19, 1949; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

RECEIVED
FEB 23 1949
BUREAU V. S.

02049

Dr wells

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.2

CERTIFICATE OF DEATH

93d Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 28 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 713 Forest St.	STREET ADDRESS (If rural give location) 713 Forest St.

3. NAME OF DECEASED (Type or Print) (First) Mrs. Ida May Manley (Middle) (Last)				4. DATE OF DEATH (Month) Feby (Day) 23 (Year) 1949 19			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 10/16/67	9. AGE last birthday 81 yrs.	If under 1 year Months 4	Days 17	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Blue Ridge Summit Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jefferson Brown			14. MOTHER'S MAIDEN NAME Sarah Young				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Elizabeth Wagaman				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic myocarditis — 2 yrs

(c) Chronic myocardial heart failure-Grade IV

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at About 6 A m., from the causes and on the date stated above.

SIGNATURE S. Robert Wells MD (Degree of Title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 2/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/26/49	NAME OF CEMETERY OR CREMATORY Green Hill Cemetery	LOCATION (City, town, or county) Waynesboro Penna (State)
DATE REG'D BY LOCAL REG. Feb 25.1949	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1949
BUREAU V. S.

02050

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

410
124 b

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural give location) 23½ E. Franklin St.

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Andrew	(Last) Martin	4. DATE OF DEATH	(Month) Feb (Day) 22 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 25, 1901	9. AGE last birthday 47 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seal Clerk	10b. KIND OF BUSINESS OR INDUSTRY Pa.R.R.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Harry a S. Martin		14. MOTHER'S MAIDEN NAME Grace M. Sellers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 220-09-7406	17. INFORMANT Mrs. Pearl B. Martin			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cirrhosis of Liver	3 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis c̄ decompensation	5 mo
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Jan, 1949, to 22 Feb, 1949, that I last saw the deceased alive on 22 Feb, 1949, and that death occurred at 5:16 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elbert H Vaulbrk	M D	Hagerstown	2/23/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-25-49	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REG. Feb 24, 1949	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Ha. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 26 1949
BUREAU V. S.

02051

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.2

CERTIFICATE OF DEATH

94b

Reg. Dist. No. 306

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown — LENGTH OF STAY (in this place) 7 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cavetown Md.	STREET ADDRESS (If rural give location) Cavetown Md.

3. NAME OF DECEASED (Type or Print) (First) Robert	(Middle) Eugene	(Last) Mason	4. DATE OF DEATH (Month) February	(Day) 5.	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May. 25-1906	9. AGE last birthday 42-8-10 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Victor Products	10b. KIND OF BUSINESS OR INDUSTRY Labor.	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME No Record		14. MOTHER'S MAIDEN NAME No Record			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-09-2237	17. INFORMANT Mrs. Lillis Detrow Mason Cavetown Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris — 2hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1949, to Feb 5, 1949, that I last saw the deceased alive on Feb 5, 1949, and that death occurred at 11.45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G W Leban	M.D.	Boonsboro	2/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 8. 1949	NAME OF CEMETERY OR CREMATORY Church of the Brethren Cemetery	LOCATION (City, town, or county) (State) Beaver Creek Md.
DATE REC'D BY LOCAL REG. Feb. 8. 1949	REGISTRAR'S SIGNATURE Geo. W Ferguson	24. FUNERAL DIRECTOR Wm F. Bast & Sons	ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7 M I T

VS. A15

RECEIVED
FEB 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 491 02052

CERTIFICATE OF DEATH 107 Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Deborah (Middle) Ann (Last) Morris

4. DATE OF DEATH: (Month) February (Day) 20 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: 12-13-48

9. AGE last birthday: yrs. 2; If under 1 year: Months; Days 7; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Morgan Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Earl Morris

14. MOTHER'S MAIDEN NAME: Gladys Celia Hensley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aspiration Pneumonia — Interval Between Onset and Death: few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [redacted] Syphilis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 1948, to 12-18, 1948, that I last saw the deceased alive on 12-18, 1948, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE Herbert R. Tobias (Degree or title) M.D. ADDRESS Hancock Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 2/21/49; NAME OF CEMETERY OR CREMATORY Catalpa; LOCATION (City, town, or county) 6 Mi from Hancock Md (State)

DATE REC'D BY LOCAL REG. 2/21/49; REGISTRAR'S SIGNATURE J. A. Heller; 24. FUNERAL DIRECTOR Charles R. Bast; ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

492 02053

CERTIFICATE OF DEATH 109

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown	LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
	STREET ADDRESS (If rural give location): 121 Alexander Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	L.	Nigh	2	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	5-9-1872	76 yrs.	9	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer		Leitersburg, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Nigh	Mary E. Fridinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	NONE	Mrs. Jane Gordon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostatic pnuemonia	10 days
(c) Atypical pneumonia Dec. 1948 & recurred Jan. 8 '49	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. advanced generalized vascular arterio-sclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan. 8, 1949, to Feb. 16, 1949, that I last saw the deceased alive on Feb 15, 1949, and that death occurred at 10:25 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. Richard Wells M.D.		150 D. Potomac Hagerstown	Md

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-18-49	Rose Hill Cemetery	Hagerstown,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 18 1949	Chas. H. Bowers	C. M. Suter & Sons	Hagerstown

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02054

2411 N. Charles Street, Baltimore 442

CERTIFICATE OF DEATH 131a

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg
LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg
STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) Buchanan (Last) Otto

4. DATE OF DEATH: (Month) Feb. (Day) 5, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 6, 1862

9. AGE last birthday: 86 yrs. If under 1 year: Months 6, Days 29, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David Franklin Otto

14. MOTHER'S MAIDEN NAME: Elizabeth Ecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Ronald Otto, Sharpsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 month.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular-Renal disease — Arteriosclerosis	5 years +.
	(c) Chronic Benign prostatic hypertrophy	5 years +.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None.

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1947, to Feb. 5, 1949, that I last saw the deceased alive on Jan. 1, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter H. Sheaff M.D. Sharpsburg, Md. Feb 5, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Feb. 8, 1949
NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
LOCATION (City, town, or county) (State): Sharpsburg, Maryland

DATE REC'D BY LOCAL REG.: Feb 8 1949
REGISTRAR'S SIGNATURE: Ella Boyer

24. FUNERAL DIRECTOR ADDRESS: Mrs. Edith V. Leaf; Williamsport, Md.

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02055

2411 N. Charles Street, Baltimore

420.1

CERTIFICATE OF DEATH 94a

Reg. Dist. No. 301

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport | LENGTH OF STAY (in this place): 1 yr 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 18 E. Salsbury Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Maryland
STREET ADDRESS (If rural, give location): 18 E. Salsbury Street

3. NAME OF DECEASED (Type or Print): (First) Mrs. Martha (Middle) Ann (Last) Owen

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 4 1862

9. AGE last birthday: 86 yrs. | If under 1 year: Months. 1 Days 14 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Joseph Leeds Michener

14. MOTHER'S MAIDEN NAME: Margaret Mapes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes~~, no, or unknown) | (If year, give war or dates of service): No | none

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. F. T. Kohler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Sclerosis — 2 years

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1949, to Feb. 7, 1949, that I last saw the deceased alive on Feb. 7, 1949, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Williamsport — DATE SIGNED: 2/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: Jan 11-49 | NAME OF CEMETERY OR CREMATORY: Methodist Cemetery | LOCATION (City, town, or county): Duncannon | (State): Pa.

DATE REC'D BY LOCAL REGISTRAR: Feb 8-49 | REGISTRAR'S SIGNATURE: E Lee McCabroy

24. FUNERAL DIRECTOR: Edith V. Leaf — ADDRESS: Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 10 1949
BUREAU T. S.

02056

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

CERTIFICATE OF DEATH

93d Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 27 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 E. Franklin St.	STREET ADDRESS (If rural give location) 106 E. Franklin St.

3. NAME OF DECEASED (Type or Print)	(First) Emma	(Middle) Flook	(Last) Plummer	4. DATE OF DEATH	(Month) Feb.	(Day) 10	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 25, 1879	9. AGE last birthday 69 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Myersville Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Dawson F. Flook	14. MOTHER'S MAIDEN NAME Elizebeth Harp						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. ------	17. INFORMANT Rev. F. Berry Plummer					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	10 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension + Arteriosclerotic Cardio Vascular Disease	15 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1929, to 10 Feb, 1949, that I last saw the deceased alive on 10 Feb, 1949, and that death occurred at 8:27a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F F Lusby	230 N Potomac		12 Feb 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE Feb. 14 -49	NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	LOCATION (City, town, or county) Myersville Md. (State)
DATE REC'D BY LOCAL REG. Feb. 13 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU U. S.

Dr. Pruitt

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 94a 02057

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Agusta - Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Knoxville Md. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Agusta - Rural
STREET ADDRESS (If rural give location) Knoxville Md. R.1

3. NAME OF DECEASED (Type or Print) (First) Joseph - (Middle) Edward (Last) Potter

4. DATE OF DEATH (Month) (Day) (Year) February 10 - 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 20 - 1872

9. AGE last birthday 76-6-20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Jefferson Fred. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John B. Potter

14. MOTHER'S MAIDEN NAME Treasa Ann Deener.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Joseph E. Potter Knoxville Md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to 2-10, 1949, that I last saw the deceased alive on —, 19—, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE C. Pruitt MD (Degree or title) ADDRESS Brunswick, Md DATE SIGNED 2-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 13, 1949

NAME OF CEMETERY OR CREMATORY Church of the Brethren Cemetery

LOCATION (City, town, or county) (State) Brownsville Wash. Co. Md

DATE REC'D BY LOCAL REG. Feb 11 1949

REGISTRAR'S SIGNATURE Cornelius W. Castle Deputy

24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md

14 EA

RECEIVED
FEB 14 1949
BUREAU V. S.

EVIDENCE FOR ADDITION #18c IS ON!

FILM No. G 119 MAR 28 1949

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02058

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 23 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural, give location) 619 Highland Way

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) GRANGER	(Last) PRUETT	4. DATE OF DEATH	(Month) 2	(Day) 27	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4/18/96	9. AGE last birthday 52 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Samuel P. Pruett	14. MOTHER'S MAIDEN NAME Mary Alice Linkous						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W.I	16. SOCIAL SECURITY No. 705-10-7618	17. INFORMANT Mrs. Maude A. Pruett, wife					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Perforated duodenal Ulcer - genl Peritonitis — 48 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Duodenal Ulcer [with possible carcinoma] — Oct. 47.

(c) Report of autopsy: Perforated gastric ulcer - acute Peritonitis (3/28/49 akc)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to Feby 27, 1949, that I last saw the deceased alive on Feby 27, 1949, and that death occurred at 4.45 AM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. D. Campbell	M.D.	145 W. Washington St Hagerstown Md	3/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/2/49	NAME OF CEMETERY OR CREMATORY Calfee Chapel Cemet.	LOCATION (City, town, or county) (State) Bluefield, West Va.
DATE REC'D BY LOCAL REG. Feb. 27, 1949	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR W.T. Norment	ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 1 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

410 92b 02059

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ira (Middle) D. (Last) Rossman

4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 27, 1876
9. AGE last birthday 72-2-28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salem Adams Co.,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geo H. Rossman
14. MOTHER'S MAIDEN NAME Nancy Kunkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Rodger Mowery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Embolism	Instant.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	20 yrs
	(c) V. H. D. Mitral Stenosis	20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to Feb. 25, 1949, that I last saw the deceased alive on Feb. 24, 1949, and that death occurred at 6 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter H Weskard M.D. 152 W Main Waynesboro Pa - 2-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/28/49
NAME OF CEMETERY OR CREMATORY Quincy
LOCATION (City, town, or county) (State) Quincy Pa

DATE REC'D BY LOCAL REG. Feb 28-49
REGISTRAR'S SIGNATURE Geo. W. Ferguson Local Reg
24. FUNERAL DIRECTOR Walter Y. Grove ADDRESS Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02060

422.1

CERTIFICATE OF DEATH 93d

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 606 Potomac Avenue

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Adelaide (Last) Schindel

4. DATE OF DEATH (Month) Feb. (Day) 14, (Year) 1949 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Sept. 13, 1868

9. AGE last birthday 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home duties

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ezra K. Schindel

14. MOTHER'S MAIDEN NAME Alice Mc Gruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Elmer B. Carl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Dilitation — 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardis chr — ?

(c) Generaliged arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1930, to Feb 14, 1949, that I last saw the deceased alive on 2/14, 1949, and that death occurred at 6'45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. F. Porterfield M. D. 136 W Washington St 2/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb 16, 1949

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Feb. 16. 1949

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss

ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU OF S.

02061

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

540.1
117a

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: ~~Williamsport~~ Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Church Street
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: George Michael Socks

3. (b) Social Security Number: 215-09-7437

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Rena Socks

deceased 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 8 1888

8. AGE: Years	Months	Days	If less than one day
61	0	28	..... hrs. ..... min.

9. Birthplace: Washington County Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Tannery

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Joseph Socks
Address: Williamsport, Maryland

17. burial
(Burial, cremation, or removal. Which?)
Date thereof: Feb. 10 1949
(month) (day) (year)

Cemetery or crematory: Riverview Cemetery

Location: Williamsport Maryland

18. Funeral director: Albert L. Leaf
Address: Williamsport, Maryland

19. Feb 8. 1949 Chas H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/6/49 19..., at 7:08 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/4/49 19..., to 2/6/49 19...
and that I last saw him alive on 2/6/49 19...

Immediate cause of death: Ruptured Peptic Ulcer (Gastric)

DURATION: 3 Days

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury ..... Injured at work?

23. SIGNATURE: R. F. Young
M. D. or other

Address: Williamsport, Md. Date signed: 2/8/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.0 02062

CERTIFICATE OF DEATH 1170 Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Clear Spring Rd #1; STREET ADDRESS (If rural give location) R. F. D. #1

3. NAME OF DECEASED (Type or Print): (First) Charles Frederick (Middle) Sowers (Last)

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-12-1858

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter J. Sowers

14. MOTHER'S MAIDEN NAME: Mary Jane Knepper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Dallas Lester Sowers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	1 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic heart disease	?
	(c) Perforated peptic ulcer	5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1949, to Feb. 15, 1949, that I last saw the deceased alive on Feb. 15, 1949, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE: Arlie Robert Cohen (Degree or title) M.D. ADDRESS: Clear Spring Md. DATE SIGNED: 2-16-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE: 2-18-49; NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery; LOCATION (City, town, or county) (State): Washington Co., Md.

DATE REC'D BY LOCAL REG. Feb. 17. 1949; REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son; ADDRESS: Hagerstown

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

Evidence for change of birth date is on: Film No. G119, Feb.16,1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

592 131b

02063

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington Md Hagerstown MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY 324 Cleveland ave. Hagerstown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Hagerstown Md.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) CLARA (Last) SPARKLIN
4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 1884 May 7. 1885
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Josiah H. Shepperd
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Fred D. Burkholder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Glomerular Nephritis — 1-2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1949, to Feb. 6, 1949, that I last saw the deceased alive on Feb. 6, 1949, and that death occurred at 3:35 P m., from the causes and on the date stated above.

SIGNATURE Dalton M. Welty (Degree or title) M. D. ADDRESS Hagerstown, Maryland DATE SIGNED Feb. 6, 1949

23. BURIAL, CREMATION REMOVAL (Specify) DATE 2-8-49 NAME OF CEMETERY OR CREMATORY Rondon Park Cemetery LOCATION (City, town, or county) (State) 3801 Frederick Ave. Md.

DATE REC'D BY LOCAL REG. 2/7/49 REGISTRAR'S SIGNATURE H. W. Hedrick DW
24. FUNERAL DIRECTOR John O. Mitchell Tom. ADDRESS 1900 Entrance Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 02064

CERTIFICATE OF DEATH 93d Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washingto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 409 S. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) Mae (Last) Springer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 23, 1874

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home duties

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Chaney

14. MOTHER'S MAIDEN NAME: Virginia Zellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Leroy Springer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic Cardio-Vascular Disease — Interval Between Onset and Death: 15 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1930, to 14 Feb, 1949, that I last saw the deceased alive on 14 Feb, 1949, and that death occurred at 6 40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A F Lusby ADDRESS

DATE SIGNED 16 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Feb. 17, 1949

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Feb. 17, 1949

REGISTRAR'S SIGNATURE: Ross H Bovard

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02065

2411 N. Charles Street, Baltimore Dr. B.B.Kneisley

CERTIFICATE OF DEATH 421.4 92d

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 25 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 218 East Franklin St.	STREET ADDRESS (If rural give location) 218 East Franklin St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LUTHER	ROY	THOMAS	Feby 11 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6/25/82	66 yrs.	11	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Downsville Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Thomas	Mary McDade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	217-12-2190	Mrs. Nellie Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion -	2 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis	
(c) with Congestive failure	2 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 21, 1949, to Feb 9, 1949, that I last saw the deceased alive on Feb 9, 1949, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B B Kneisley.		1486 Wood St. Hagerstown Md	Feb 11. 1949.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/13/49	Rose Hill Cemetery	Hagerstown Washington Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 13. 1949	Chas H Bowers	Andrew K. Coffman	Hagerstown Md.

VS. A15

RECEIVED
FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02066

157

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg md
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Edward (Last) Fritzpol

4. DATE OF DEATH (Month) 2 (Day) 28 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 3-29-1873

9. AGE last birthday 75 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Labored

11. BIRTHPLACE (State or foreign country) Loudon County Va.

12. CITIZEN OF WHAT COUNTRY? Washington Twp

13. FATHER'S NAME Samuel Alston Fritzpol

14. MOTHER'S MAIDEN NAME Sarah Elizabeth Vince

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Russell Sulcer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) pancreas carcinoma ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) multiple metastatic tumors in abdomen

(c) carcinoma cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14th to., 19 49., to Feb. 28th 19 49., that I last saw the deceased alive on 14th Day., 19 49., and that death occurred at 3 07 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Philip Biles M.D. 42nd. County Hospital 2/28/49

23. BURIAL, ~~CREMATION~~ REMOVAL ~~(Specify)~~ DATE March 2 - 1949 NAME OF CEMETERY OR ~~CREMATORY~~ Middletown LOCATION (City, town, or county) (State) Middletown md

DATE REC'D BY LOCAL REG. Mar. 1. 1949 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS George B. Hoover Smithsburg md

RECEIVED
MAR 3 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.0 02067

CERTIFICATE OF DEATH 938 Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 6 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 657 Penna. Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 657 Penna. Ave.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) CAROLINE (Last) TYLER

4. DATE OF DEATH: (Month) 2 (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/28/1854

9. AGE last birthday: 94 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Williamsport, Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Samuel Pierce

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Alice Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE	Undet.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DECUBITUS ULCERATIONS	1 Mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 12, 19..., to February 24, 19 49, that I last saw the deceased alive on Feb. 24, 19 49, and that death occurred at 8:00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N. Alan Harris M. D. 651 Penna. Ave., Hagerstown, Md. 2/26/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/28/49	Riverview Cemetery	Williamsport, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 28. 1949	Chas. H. Bowers	William H. Downing	291 Fredrick Hagerstown

VS. A15

RECEIVED
MAR 2 1949
BUREAU V. S.

02668

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Wells

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): 2 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural give location): 139 King St

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ORVILLE (Last) WARD

4. DATE OF DEATH: (Month) Feby (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 12/24/65

9. AGE last birthday: 83 yrs. If under 1 year: Months 2, Days 1, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Rohrersville Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jos Cephus Ward

14. MOTHER'S MAIDEN NAME: Henrietta E. Eader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-20-2387

17. INFORMANT: Jos Samuel Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pnuemonia due to fall	10 days
Antecedent cause(s)	(b) Fracture of left clavicle (closed)	16 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Malignancy of prostate with metastases to pelvic bones and lungs	5/2/42

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/10/49

19b. MAJOR FINDINGS OF OPERATION: Incised hematoma dorsum left hand

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Hagerstown (COUNTY): Wash. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 9 49 5:30 P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?: Fell in bathroom of home

22. I hereby certify that I attended the deceased from Aug. 2, 1937, to Feb. 25, 1949, that I last saw the deceased alive on Feb. 25, 1949, and that death occurred at 10:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Robert Wells M.D. ADDRESS: 115 N. Potomac St. Hagerstown, Md. DATE SIGNED: 2/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: 2/28/49; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Hagerstown Wash. Co Md

DATE REC'D BY LOCAL REG.: Feb. 28. 1949; REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1949
BUREAU V. S.

Evidence for addition of info. item # 7 is on: Film No. G119, Feb. 16, 1949

322.0

02069

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

932

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) Osborn Alley

3. NAME OF DECEASED (Type or Print): (First) Horine (Middle) Lawson (Last) Welch

4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: January 29 1889

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Boonsboro Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Victor Welch

14. MOTHER'S MAIDEN NAME: Anna V. Sommer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 219-05-2733

17. INFORMANT: Eugene Welch - 3212 Westmount Ave. Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Acute alcoholic narcosis due to Arteriosclerotic myocardial disease — 20 hrs. / 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD.

ADDRESS 115 N. Potomac Hagerstown, Md.

DATE SIGNED 2/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Feb. 5. 1949

NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery

LOCATION (City, town, or county) (State): Boonsboro Washington Co. Md.

DATE REC'D BY LOCAL REG.: Feb. 5. 49

REGISTRAR'S SIGNATURE: Chas. H. Bowers.

24. FUNERAL DIRECTOR: Wm. J. Bast & Sons

ADDRESS: Boonsboro Md.

Rec'd from John H. Bast Feb 8. 1949 C.H. Bowers Local Reg.

RECEIVED
FEB 10 1949
BUREAU V. S.

02070

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 443

CERTIFICATE OF DEATH 93d Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural give location) Potomac St.

3. NAME OF DECEASED (Type or Print) (First) Dr. (Middle) William (Last) C. Wheeler

4. DATE OF DEATH (Month) Feb. (Day) 17 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 21 - 1867

9. AGE Last birthday 81 yrs. If under 1 year Months 1 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician

10b. KIND OF BUSINESS OR INDUSTRY General Practice

11. BIRTHPLACE (State or foreign country) Manchester, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dr. William B. Wheeler

14. MOTHER'S MAIDEN NAME Ellen Crumrine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT Miss Elizabeth Wheeler Boonsboro Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Vascular Disease.	12 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	15 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1946, to Feb. 17, 1949, that I last saw the deceased alive on Feb 17, 1949, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE C. Wheeler (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 2/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Feb. 19, 1949 NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. Feb. 18. 1949 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Clay J. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02071

2411 N. Charles Street, Baltimore

260

CERTIFICATE OF DEATH 61

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 336 S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 336 S. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Benford (Last) Willson

4. DATE OF DEATH: (Month) February (Day) 15, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/6/1889

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sundry Shop

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Fletcher Willson

14. MOTHER'S MAIDEN NAME: Molly ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Mary Iva Willson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10 yr
	(c) Diabetes Mellitus	4 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Feb, 1949, that I last saw the deceased alive on Feb, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert H. Campbell MD Hagerstown Md 2/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/17/49

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Feb. 16, 1949

REGISTRAR'S SIGNATURE Chas. H. Coward

24. FUNERAL DIRECTOR W. I. Norment

ADDRESS Hagerstown, Md.

VS. A15

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FEB 21 1949
BUREAU V. S.